

PROBLEM/FAILURE REPORTING PROCEDURES

PROBLEM/FAILURE REPORT

(1) TEST ELEMENT:		FLT <input type="checkbox"/> HD <input type="checkbox"/> SW	GRD <input type="checkbox"/> HD <input type="checkbox"/> SW	TEST <input type="checkbox"/> HD <input type="checkbox"/> SW	PFR No.		Contractor Report No.	
(2) Project			(3) Spacecraft/Observatory			(4) Operating Time		(5) No. of Cycles
(6) Sub-System/Instrument		(7) S/W Version		(8) Date & Time of Problem/Failure		Yr	Mo	Day
(10) Originator (Last Name, First Name)			Phone (xxx/yyy-yyyy)			Organization (GSFC Code or Company)		
(11) Run Test ID								
(12) Supporting Information <input type="checkbox"/> Console Printout <input type="checkbox"/> Dump Printout <input type="checkbox"/> Error Codes <input type="checkbox"/> Dump Tape No. <input type="checkbox"/> Criticality <input type="checkbox"/> Other								
(13) Problem/Failure Occurred During		<input type="checkbox"/> Bench/Unit Test <input type="checkbox"/> Integration Test <input type="checkbox"/> Pre-Launch Operations <input type="checkbox"/> Other <input type="checkbox"/> Qualification Test <input type="checkbox"/> Acceptance Test <input type="checkbox"/> Launch Operations						
(14) Environment When Failed		<input type="checkbox"/> Acceleration <input type="checkbox"/> Thermal-Vacuum <input type="checkbox"/> Humidity <input type="checkbox"/> Ambient <input type="checkbox"/> EMI/EMC <input type="checkbox"/> Shock <input type="checkbox"/> Temperature <input type="checkbox"/> Vibration <input type="checkbox"/> Vibration <input type="checkbox"/> Magnetics						
(15) Hardware/Integration Level When Failed		<input type="checkbox"/> Part <input type="checkbox"/> Assembly <input type="checkbox"/> Spacecraft Sub-system <input type="checkbox"/> Spacecraft/Observatory <input type="checkbox"/> Sub-Assembly <input type="checkbox"/> Component <input type="checkbox"/> Instrument/Experiment						
(16) Software/Integration Level When Failed		<input type="checkbox"/> OS <input type="checkbox"/> Database <input type="checkbox"/> Communications <input type="checkbox"/> Text <input type="checkbox"/> User Interface <input type="checkbox"/> Driver <input type="checkbox"/> Firmware <input type="checkbox"/> Other						
NAME		IDENTIFICATION/REVISION NO.		SERIAL NO.		MANUFACTURER		CAGE CODE
(17) Component								
(18) Assembly								
(19) Sub-Assembly								
(20) Part		Manufacturer's Part Number		Date Code				
(21) Description of the Problem/Failure (attach additional sheets if necessary):								
(22) Reference: Certification Log Book # _____ Page _____ Test Procedure _____ Para _____								
(23) Cause of the Problem/Failure (attach additional sheets if necessary):								
(24) Correction Action Taken (attach additional sheets if necessary):								
(25) If Corrective Action is Required on Other Units, List Units by Serial No.								
(26) Failure Analysis Performed			Failure Analysis Performed by			Failure Analysis Report Number		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			GSFC Code / Contractor _____			_____		
(27) Action Taken on Failed Unit			<input type="checkbox"/> Rework <input type="checkbox"/> Modified <input type="checkbox"/> Discard <input type="checkbox"/> Replace <input type="checkbox"/> None <input type="checkbox"/> PSMB/CCB <input type="checkbox"/> Submit to MRB					
Organization That Performed Rework/Repair _____			MRB No. _____			Date _____		
(28) Is Retest Required After Corrective Action?								
<input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, State Retest Requirements Date Completed _____					
(29) Is Unit Suitable for Original Use?								
<input type="checkbox"/> Yes <input type="checkbox"/> No			Remarks: _____					
(30) Contractor Program Manager / FRB Approval								
Signature _____						Date: _____		
OA Signature _____						Date: _____		
(31) Safety <input type="checkbox"/>		(32) Failure Effect Rating <input type="checkbox"/>		(33) Failure Corrective Action Rating <input type="checkbox"/>		(34) Red Flag <input type="checkbox"/> Yes <input type="checkbox"/> No		
(35) GSFC Project Manager Approval				Date: _____		(36) GSFC OFA Approval		
						Date Closed: _____		

Figure 1. GSFC PFR Form 4-2.